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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/FR03/03218 10/29/2003

**** FOREIGN APPLICATIONS *******

FRANCE 02/13975 11/08/2002

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Periondotal therapy instrument

FILING FEE RECEIVED 630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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